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Acute Coronary Syndromes

DEMOGRAPHICS AND CORRELATES OF MORTALITY IN A LARGE SAMPLE OF PATIENTS WITH TAKOTSUBO CARDIOMYOPATHY

ACC Moderated Poster Contributions
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Background: Takotsubo Cardiomyopathy (TC) is a rare cardiomyopathy characterized by acutely reversible left ventricular apical ballooning. Using the National Inpatient Sample from 2008-2009 we sought to determine the demographic characteristics and clinical course of patients diagnosed with TC.

Methods: All patients diagnosed with TC in the National Inpatient Sample 2008-2009 were identified using ICD-9 code 42983. Our primary outcome was in-hospital mortality. Secondary outcomes included length of stay, and acute complications/procedures (cardiogenic shock, acute systolic heart failure, acute renal failure, ventricular fibrillation/cardiac arrest, sepsis, intra-aortic balloon pump placement, endotracheal tube placement/mechanical ventilation and acute stroke/TIA). We examined the association of age, gender, race, income level and Charlson Co-Morbidity Index (CCI) with in-hospital mortality.

Results: A total of 24701 patients were diagnosed with TC. A total of 1027 patients (4.2%) suffered in-hospital mortality. A majority of patients, 21994 (89.0%), were female, however male patients suffered a higher mortality rate than their female counterparts (8.4% vs. 3.6%, $P<.0001$). Male patients also suffered higher rates of acute co-morbidities/procedures than their female counterparts (50.6% versus 45.6%, $P<.0001$). On multivariate modeling, demographic factors most associated with mortality were male gender ($P<.0001$), high income level ($P=0.003$) and a high CCI ($P<.0001$)

Conclusions: TC is associated with a low mortality rate, especially amongst female patients. Male patients, patients with higher incomes and those patients presenting to the hospital with a higher CCI had significantly increased risk of mortality. The in-hospital course of these patients is not benign as a sizeable minority of patients suffered serious complications.